			VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH OLIG HEALTH AND WELFARES 1003	
DO NOT WRITE	AMENDE		Registration District No. 318 Primary Registration District 1003 Registrar's No. 40085	
VS 300	1-1-1-1		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be a. COUNTY a. STATE Missouri b. COUNTY admission	
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits	nits
	X KE		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis. Mo C. CITY OR TOWN St. Louis Mo C. CITY OR TOWN St. Louis (If outside give location) Paside on A C. CITY OR TOWN St. Louis (If outside give location) Paside on A C. CITY OR TOWN St. Louis (If outside give location) Paside on A C. CITY OR TOWN St. Louis	•
1				Farm
2 2/2			HOSPITAL OR INSTITUTION D.O.A.City Hospital #1 Yes St No 4611 McMillan Ave Yes No	• 🛣
3		\Box	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Yea (Type or print) OF)T
			J.C Amos DEATH 10 19 1962	
4 1			5. SEX 6. COLOR OR RACE 7. Married X Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER Months Days Hours	24 HR Min.
5 /			Male Negro Washed 8_28_1902 60	
6	ا ا ا		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUN during most of working life, even if retired)	ITRY
7 /	§		Line Operator F.Burkart Mgf.Co Batesville, Miss U.S.A 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
7 /	5			ļ
			David Amos Lizzie Smith Eula S.Amos 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
9 1	-1 1 1		Yes, no, or unknown) (If yes, give war or dates of serving no none Eula S. Amos 4611 McMillan Ave	
	AK	-	18. CAUSE OF DEATH (Enter only one cause per line	WEEN
1 10 1		DOCUMENT	IMMEDIATE CAUSE (a) WOLLE VIOL PROLIM ONIO	EAIR
11		S S		
12/77 *		2	Conditions, if any, DUE TO (b)	
<u> </u>			which gave rise to above cause (a),	
13 _ 	- 	<u> </u>	stating the underlying cause last. DUE-TO (c)	
91	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 9.	
7/ 5	<u> </u>		Yes No Ur	nknown
N N N N N N N N N N N N N N N N N N N	Ž		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
	2			
Z	ğ		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	
¥ & `	`		*	
USE BLACK INK OR PEWRITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK	ATE
USE BLACK OR TYPEWRITER	READ			!
B ≥ E	R R		21: Nattended the deceased from	
.ĕ №	SHOULD			.
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F	S		The state of the s	101
	ġ /	AFFIDA'	SEMOVAL (Specify)	ا ب
	TEM NO.	15	ON SUNSPAN DIRECTOR ADDRESS 125 DATE RECD. BY LOCAL REG. 126. BEOMSTRANS STGNATURE	
į		<u> </u>	1 71 () VI INST C 7 0CT 22 1962 Call hit MA	l

STATEMENT BY LICENSED EMBALMER

	was embalmed by me,
or by, Student Embal	mer No
working under my personal supervision.	1.
StudentSigned_It-Claude	Gordon
Signature of Student Embalmer	01101
	No. 3489
P. O. Address	23 n. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.